



Department of Medical Assistance Services  
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Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Providers participating in the Virginia Medical Assistance, FAMIS, and SLH Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 10/8/2003

**SUBJECT:** VAMMIS Issues Resolution

As you are aware, the Virginia Medicaid Management Information System (VAMMIS) has experienced several start-up problems that have affected the claims payment process, eligibility verification, prior authorization and other issues. This memorandum serves to inform you what some of these issues are, when they were corrected and what action you will need to take, if any, to assist in resolving these issues. We have developed the following table identifying major VAMMIS system issues that have been recently resolved by the Department of Medical Assistance Services (DMAS).

<b>Types of Medicaid Providers Affected</b>	<b>Issue and Resolution</b>	<b>Date Issue Resolved</b>	<b>Action to be Taken (if any) by Provider for Resolution</b>
All Durable Medical Equipment providers	The "Units/Visits/Studies (UVS) for procedure code A4253 was set to "2" incorrectly. The UVS should have been set to "3". The UVS is now correct.	9/01/03	Providers must submit an adjustment to the claims.
All Durable Medical Equipment providers	The UVS for procedure code A5061 was set to "1" incorrectly. The UVS should have been set to "15". The UVS is now correct.	9/01/03	Providers must submit an adjustment to the claims.
All providers who submitted procedure codes 992012, 92014, 92015 after June 20, 2003	These procedure codes incorrectly contained an edit that limited their use based on the age of the enrollee. This edit has been removed.	9/12/03	Providers must resubmit the affected claims.

All Dental providers	Dental claims were incorrectly being denied for surface codes "B" and "I". The claims processing system has been corrected to accept all valid surface codes.	9/15/03	Providers must resubmit the affected claims.
All Orthodontists	Prior authorization (PA) requests for orthodontic services submitted on an American Dental Association (ADA) paper claim form were not generated correctly, and consequently, the prior authorization was automatically denied. This error has been corrected.	9/15/03	Providers must resubmit a PA request for any outstanding, non-approved request.
All Outpatient Psychiatric Service providers	The claims processing system was not recognizing the prior service limit of 26 visits that was in effect prior to July 1, 2003 for outpatient psychiatric services. This resulted in prior authorization being required after 5 visits rather than 26 visits. This error has been corrected.	9/16/03	Providers must resubmit the affected claims.
All Occupational Therapy, Speech Therapy, and Physical Therapy providers	The claims processing system was not recognizing the prior service limit of 24 visits that was in effect prior to July 1, 2003 for occupational therapy, speech therapy and physical therapy. This resulted in prior authorization being required after 5 visits rather than 24 visits. This error has been corrected.	9/16/03	Providers must resubmit the affected claims.
All Medicaid providers submitting Part B cross over claims for recipients enrolled in Medicare	Providers were being incorrectly overpaid for their claims for Medicare/Medicaid patients. These claims were processed without accounting for the Medicaid payment limit. This error has been corrected. This only applies to Part B claims submitted on the CMS 1500.	9/16/03	DMAS will notify providers how these overpayments will be recovered within the next few weeks.
All Medicaid providers submitting CMS-1500 claims with a Modifier 22 or an attachment	CMS-1500 claims were incorrectly pended with individual consideration reason "0209" if a modifier 22 was noted on the claim <b>or</b> if an attachment was included with the claim. This edit has been modified to pend for Individual Consideration, only if both the modifier 22 <b>and</b> an attachment are with the claim.	9/16/03	No action needed.
All Medicaid providers submitting claims for outpatient services	Outpatient Medicaid claims were denying incorrectly for edit 0821 (greater than 1 day). Edit 0821 has been removed.	9/22/03	Providers must resubmit the affected claims.
All Medicaid providers submitting emergency room claims	Letters requesting documentation for emergency room services were not allowing providers sufficient time to respond before the payment of the claim was automatically reduced. The response time has been extended from approximately 3 weeks to 60 days.	9/24/03	No action needed.
All Medicaid providers	Providers lacked sufficient access to the internet based eligibility verification system. DMAS added 24 additional lines to its internet based eligibility system on September 29, 2003.	9/29/03	No action needed.
All Providers submitting SLH claims	All SLH claims being held by DMAS have been adjudicated	9/29/03	No action needed.

DMAS will begin posting information on our website and sending broadcast e-mails through our ListServe e-mail service that will list those system discrepancies that have been resolved as of the previous week. This information will be updated on a weekly basis. Our website address is [www.dmas.state.va.us](http://www.dmas.state.va.us). There will be a link identified on our home page to access this information.

To subscribe to the ListServe, send an e-mail to [listsrv@dmas.state.va.us](mailto:listsrv@dmas.state.va.us). On the subject line of the e-mail form type "subscribe" without the quotes. This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include "recipient", "provider" or "other" whichever best describes you in the body of your e-mail. This is an automated e-mail server. It does not respond to incoming e-mail.

I want to apologize for the problems that you have encountered as a result of the implementation of the new VAMMIS and want to assure you that this agency is working very hard to resolve these problems as quickly as possible. We appreciate your participation in the Virginia Medicaid Program and will do whatever we can to assist you as we work through these issues.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at [www.dmas.state.va.us](http://www.dmas.state.va.us). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.